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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Chamberlain/Dacoma Sun		2. DATE 9-26-19
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 51	3B. ANNUAL SUBSCRIPTION PRICE $ 40.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 116 S Main, Chamberlain SD 57325		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 116 S Main, Chamberlain SD 57325		
6. FULL NAME OF PUBLISHER: K.L.H., LLC Kim + Lucy Halverson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME / COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1300	1200
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	520	520
2. Mail Subscription (Paid and or requested)	554	592
3. Paid Electronic Copies	37	36
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1111	1148
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	16	16
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	15	15
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1142	1179
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	10	10
2. Return from News Agents	85	57
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1237	1246

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature) Publisher (Title)

State of South Dakota)

County of MICHAEL J SPRENGER

(Seal) NOTARY PUBLIC SOUTH DAKOTA

Sworn to before me this 23 day of Oct, 20 19

Notary Public

My commission expires

MICHAEL J. SPRENGER
NOTARY PUBLIC - SOUTH DAKOTA
My Commission Expires
March 27, 2022

Form: SOS REC 051 9/2016